

# CA Workers' Compensation System: First Responder Behavioral Health

October 2017

California Department of Industrial Relations

# Background

- Assemblymember Tim Grayson (District 14, author of AB 1116) requested information regarding occupational behavioral health for emergency response personnel
- DIR examined the following questions to help outline potential areas for additional study
  - What guidance does MTUS offer for WC doctors to ensure streamlined delivery of medical treatment for behavioral health disorders like PTSD?
  - What information is available from workers' compensation claims data on first responder claimants with PTSD diagnoses?
  - What specific treatments are requested and what are the outcomes of the requests?

# Question #1

- What guidance does MTUS offer for WC doctors to ensure streamlined delivery of medical treatment for behavioral health disorders like PTSD?

# MTUS guidance on behavioral health disorders

- Offers appropriate guidance to address any condition
  - MTUS treatment guidelines include “Stress-related Conditions” (9792.23.8)
  - MTUS Medical Evidence Search Sequence is very broad and comprehensive and gives a treating doctor the ability to provide information from a variety of sources to support their treatment requests

## Question #2

- What information is available from workers' compensation claim data on first responder claimants with PTSD diagnoses?

# Data source used for assessing PTSD in workers' compensation

- California's workers' compensation information system (WCIS) uses electronic data interchange (EDI) to collect comprehensive information from claims administrators to help the Department of Industrial Relations oversee the state's workers' compensation system. Electronic transmission of first reports of injury was required beginning March 1, 2000 and electronic versions of benefit notices were mandated as of July 1, 2000. Electronic reporting of medical billing data is required for any medical service that occurs on or after Sep. 22, 2006.
- **Due to small sample size (N=133) results reported for first responder PTSD WC claims should be interpreted with caution**

# Claim information (from WCIS)

- Age
- Gender
- Nature of Injury
- Cause of Injury
- Claim duration
- Tenure on job
- Service request outcomes
- Provider specialty
- Instances of multiple claims
- Geographical distribution of claims
- Services paid amount
- Services/treatment types billed

# Initial findings from WCIS data

- Nearly half (47%) of first responder PTSD claimants were 40-49 years old
- Females represented a larger share of PTSD claims (30%) considering the lower female first responder labor force participation rates
- Mental stress reported as 'Nature of Injury' for 40% of first responder PTSD WC claims
- Cumulative injury reported as cause of 28% of first responder PTSD WC claims
- While 25% of all industry PTSD claims were filed in first year on the job, tenure with job at injury varied for first responders with PTSD claims
- 92% of first responders who filed PTSD WC claims filed additional injury claims
  - 34% were for strain, sprain or tear injuries
- \$2M was paid for medical services for first responder PTSD WC claims (as of date of data extract)



# Question #3

- What specific treatments are requested and what are the outcomes of the requests?
  - Physical therapy and psychology lead in physician specialties for first responder PTSD WC claims
  - Physical and other therapies comprise most frequently billed PTSD related treatments
  - Independent Medical Review database provides insight into treatment requests and outcomes
    - California's workers' compensation system uses a process called independent medical review (IMR) to resolve disputes about the medical treatment of injured employees. As of July 1, 2013, medical treatment disputes for all dates of injury are resolved by physicians through IMR.

# Independent Medical Review of PTSD claims

- Data available for filings submitted January 2013 to May 2017
- 694 unique IMR claimants with a listed PTSD-related diagnosis
- 1,138 IMRs were reviewed and decided\*

Location of injured worker	Total IMR Cases, 2013-2017
Los Angeles	285
Bay Area	244
Inland Empire	232
Central Valley	79
Central Coast	78
San Diego	71
Out-of-State	66
Eastern Sierra Foothills	34
North State/Shasta	25
Sacramento Valley	24
Total	1,138

\*Does not include ineligible applications, withdrawn or terminated cases

While IMR generally upheld UR decision for filings related to PTSD, overturn rate was higher for several PTSD related filings compared to general overturn rates for the same treatments

PTSD Related IMR Treatment Requests 2013-2017			
Category of Treatment	Total No. of Requests	Overturn Rate	General Overturn Rate (based on 2016 data)
Diagnostic Testing	107	21%	9%
Equipment, supplies (DMEPOS)	38	26%	7%
Evaluation & Management	36	33%	20%
Home Health Care	9	0%	6%
Injection	16	25%	10%
Pharmacy	801	12%	7%
Programs	17	6%	10%
Psych Services	607	14%	18%
Rehabilitation	146	5%	7%
Surgery	21	10%	10%
Therapies (unspecified)	17	18%	8%

# Potential Next Steps

- Determine if there are model programs to prevent and/or treat PTSD
  - Conduct literature review of programs that are designed to help with mental health issues and/or serve as a resource for first responders
- Assess the effectiveness of existing programs
  - Review any evaluations that empirically support practices or programs, especially those in California such as California Peer Support Association
- Examine other states/countries for lessons learned and experiences
  - Massachusetts (existing programs since 9/11)
  - Canada
  - States with pending/recent legislation: Colorado, Florida, New York, Vermont